Non-substantive Change Request
OMB Control Number 0920-0995 (exp. 3/31/2026)
National Network of STD Clinical Prevention Training Centers
Date Submitted: 04/29/2025

Summary of request: CDC/NCHHSTP is requesting a change request to revise questions to align with EO 14168 *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.*
Description of Changes Requested: This request updates sex questions used in National Network of STD Clinical Prevention Training Centers (NNPTC) Health Professional Application for Training (HPAT) in compliance with EO 14168.

Please check the boxes below if your request includes:

☑ Revision of an existing question(s)
☑ Deletion of an existing question(s)

CDC is the secondary collector of these data. There is no change in Burden Hours associated with the modifications made to comply with EO 14168.

Table A: Description of Changes (optional, helpful if multiple changes to multiple forms):	Type of Change	Question/Item	Requested Change
Attachment 3: HPAT	Question Revision	6. If applicable, please select up to THREE of the following special population predominantly served by your program: • Not applicable • Ages 15 to 19 • Ages 20 to 24 • Homeless individuals • Incarcerated individuals/parolees	6. If applicable, please select up to THREE of the following special population predominantly served by your program: • Not applicable • Ages 15 to 19 • Ages 20 to 24 • Homeless individuals • Incarcerated individuals/parolees

		• Men who have sex with men • Men who have sex with men and women • Older adults • People with disability • Pregnant people • Sex workers • Substance users • Transgender and gender diverse persons • Don't know	• Men who have sex with men • Men who have sex with men and women • Older adults • People with disability • Pregnant women • Sex workers • Substance users • Don't know
Attachment 3: HPAT	Question Revision	9. Please select the gender that best describes your identity: • Female • Male • Transgender man • Transgender woman • Non binary • Other • Prefer not to answer	9. What is your sex? • Female • Male
Attachment 3: HPAT	Question Deletion	10. Please select the sexual orientation that best describes your identity: • Lesbian • Gay • Bisexual • Transgender • Queer • Asexual • Heterosexual • Intersex • Prefer not to answer	Delete

Attachment 3: HPAT	Question Revision	12. Do you provide direct services to patients / clients who are … (select ALL that apply):
		• Ages 15-19
		  • No
		  • Yes
		  • Not now, but expect to in the future
		• Ages 20-24
		  • No
			11. Do you provide direct services to patients / clients who are … (select ALL that apply):
			• Ages 15-19
			  • No
			  • Yes
			  • Not now, but expect to in the future
			• Ages 20-24
			  • No
			  • Yes

		• Yes
		• Not now, but expect to in the future
		• Pregnant People
		  • No
		  • Yes
		  • Not now, but expect to in the future
		• Men who have sex with men
		  • No
		  • Yes
		  • Not now, but expect to in the future
			• Not now, but expect to in the future
			• Pregnant Women
			  • No
			  • Yes
			  • Not now, but expect to in the future
			• Men who have sex with men
			  • No
			  • Yes
			Not now, but expect to in the future